

MONTANA STATE ELECTRICAL BOARD

PO Box 200513
301 South Park Ave, 4th Floor
Helena MT 59620 - 0513
Phone: (406) 841-2339 Fax: (406) 841-2309
E-mail: dlibsdele@mt.gov
Website: <http://www.electrician.mt.gov>

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.
(Please allow 14 days for processing from the date that the Board has a complete application)

APPLICATION FOR: ☐ JOURNEYMAN ELECTRICIAN ☐ RESIDENTIAL ELECTRICIAN

Method of Application - Please check only one (see instructions for details)

BY: ☐ Apprenticeship Completion ☐ Hours of Experience ☐ 10 Year Statement
(37-68-314 MCA)
☐ Exam ☐ Reciprocity ☐ Endorsement

Fees: 120.00 Application by exam \$125.00 Application by reciprocity or endorsement

☐ \$20.00 Temporary journeyman work permit (fee is in addition to application fee)

Payment: ☐ check or money order ☐ e-check or credit card (Master Card or Visa only)

Social Security Number _____

Full Name _____
Last First Middle

Other Name(s) Known By _____

Gender _____ Date of Birth _____ E-mail Address _____

Please indicate you preferred mailing address

☐ Home ☐ Business

Residential Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business (Present Employer) Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business Name _____

1. LICENSURE INFORMATION: All applicants must answer the following questions.

- a. Have you ever applied for or taken a Montana electrical examination? ☐ Yes ☐ No

Type of Exam: _____

- b. If taking an examination, do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, you will need to complete a "Request for Modification of Electrical Exam" form and submit a letter from your physician detailing what accommodation is needed. Forms are available on our website at www.electrician.mt.gov ☐ Yes ☐ No

- c. List all active state issued electrician licenses granted to you.
Attach a copy of the license.

State or City	License Number	Issue Date	Expiration Date	License Method	Active
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. RECIPROCAL STATES: AK, AR, CO, ID, MN, ND, NE, NH, NM, OR, OK, SD, UT, WA, WY

(Board staff will obtain a license verification from these states. Conditions of reciprocity are that your license is currently active, held at least one year, obtained by exam with and exam score of 75% or greater and do not have any active complaints against your license. You will not need to submit the Experience Verification Affidavit form with your application)

ENDORSEMENT STATES: AL, CT, HI, MA, ME, MI, RI, TX, VA, VT, WA (District of Columbia), WV
(You will be responsible for obtaining a license verification from these states. Include the verification with your application. Conditions of endorsement are that your license is currently active, held at least one year, obtained by state exam with and exam score of 75% or greater and do not have any active complaints against your license. You will not need to submit the Experience Verification Affidavit form with your application.)

3. APPRENTICESHIP INFORMATION:

- a. Did you complete an apprenticeship? ☐ Yes ☐ No
If yes, attach apprenticeship completion certificate. (You will not need to submit the Experience Verification Affidavit form with your application.)

- b. Did you complete a union sponsored apprenticeship ☐ Yes ☐ No
If yes, attach union travel letter stating when you completed the apprenticeship per 37-68-314 MCA. (You will not need to submit the Experience Verification Affidavit form with your application.)

All applicants must answer the following questions.

If you answer "yes", provide a detailed explanation on a separate sheet of paper:

YES NO

- | | | | |
|----|--|--------------------------|--------------------------|
| 1. | Have you ever previously applied for a license to practice in Montana? If yes, give date, and results. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Have you ever been denied licensure or the opportunity to take this profession's licensing examination in any state or country? If yes, attach an official document. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Have you ever withdrawn an application for licensure? If yes, please give the state and reasons for withdrawal. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license during a disciplinary investigation of your practice, or entered into a consent agreement respecting your license during a disciplinary investigation? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Has any legal or disciplinary action been filed against you, which relates to the propriety of, or your fitness to practice this profession (e.g., malpractice, etc.)? If yes, attach a detailed explanation of each instance including the date of claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Do you have criminal charges pending or have you ever plead guilty, forfeited bond, or been convicted of a crime (Including a plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanor fines and (2) charges or convictions prior to your 16 th birthday. If yes please attach a court records listing the disposition of the case. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Have you any physical or mental condition, which has adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Have you used alcohol or any other mood-altering substance in a manner, which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana State Electrical Board.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Legal Signature of Applicant

Date

MONTANA STATE ELECTRICAL BOARD
POB 200513
HELENA, MT 59620-0513

JOURNEYMAN / RESIDENTIAL EXPERIENCE VERIFICATION AFFIDAVIT

Make a copy of this form for each employer you want to be considered for verification. This form must be returned to the above address before application will be considered. All fields must be completed.

1. Name of applicant: _____
Last First Mi

Applicant address: _____
City State Zipcode

2. Name of Electrical Contracting Business who employed the above applicant:

Please print name of firm, partnership or corporation

Address of employer: _____
City State Zip

Phone # of Contractor: _____

3. Position held by the above applicant: _____

4. Dates of employment: from _____ to _____

5. Breakdown of legally obtained hours of practical experience: (MUST BE COMPLETED)
Please see 37-68-304 MCA, 37-68-314 MCA and 24.141.501 ARM for specific requirements.

Residential _____, Commercial/Industrial/Institutional _____

6. Was this person in a registered apprenticeship program while under your employment?
_____ Yes _____ No

7. Union records are not acceptable verification of hours. Hours must be verified by an employer.

I HEREBY CERTIFY THE ABOVE TIMES AND DATES OF EMPLOYMENT, THE TYPE OF ELECTRICAL WORK PERFORMED DURING THE APPLICANT'S EMPLOYMENT AND THE INFORMATION IS TRUE AND CORRECT.

Signature of Employer

Date

For this service the Business Standards Division now accepts credit card payments using either Master Card or Visa or an electronic check **(please do not send cash)**. You may fill in the appropriate form below to submit payments. **This document will be destroyed after the payment is processed.** For a complete list of services for which the division accepts credit card payments or e-checks, please see: <http://discoveringmontana.com/dli/bsd/forms.asp>.

Please check method of payment:

☐ **Visa** ☐ **MasterCard** Amount to be billed:

Credit Card #:

Expiration Date: /

Name on Card: _____

Important: This transaction will appear on your credit card statement as: **Discoveringmontana-SC.**

☐ **E-Check**

Name (First, Last): _____

Name of Bank: _____

Routing Number: _____

Account Number: _____

Amount to be billed:

Important: This transaction will appear on your bank statement as an electronic transaction with the words: **Montana Interact BSD-VT.**



PAID FOR (NAME OF APPLICATION):

LICENSE TYPE:

If faxing an application, please use a black pen only.

Fax (406) 841-2309

To view if a license has been issued, please go to www.licenselookup.mt.gov

ATTENTION APPLICANT:

NON-ROUTINE APPLICATIONS ARE REVIEWED BY THE STATE ELECTRICAL BOARD FOUR TIMES PER YEAR.

A NON-ROUTINE APPLICATION MEANS THAT THE APPLICANT HAS ONE OR MORE OF THE FOLLOWING:

- 1. HAS PENDING OR COMPLETED DISCIPLINARY ACTION**
- 2. RESTRICTION BY TERMS OR CONDITIONS OF A FINAL ORDER IN A DISCIPLINARY MATTER.**
- 3. REQUIRED TO SUBMIT MATERIALS SUCH AS LETTERS FROM EMPLOYERS THAT REQUIRE PROFESSIONAL EVALUATION BY THE BOARD.**
- 4. LOSS OF DOCUMENTATION DUE TO A NATURAL DISASTER OR NATURAL EMERGENCY.**

To view the specific definition of a non-routine application per Montana Administrative Rule 24.101.402, please go to our website at www.electrician.mt.gov .

The Board office will contact an applicant if the application will require Board review.

APPLICATION DEADLINES FOR NON-ROUTINE APPLICATIONS ARE:

September 24, 2008 for October 09, 2008 Board Meeting Date

December 24, 2008 for January 08, 2009 Board Meeting Date

March 25, 2009 for April 09, 2009 Board Meeting Date

June 24, 2009 for July 09, 2009 Board Meeting Date

September 23, 2009 for October 08, 2009 Board Meeting Date

ROUTINE APPLICATIONS DO NOT NEED BOARD REVIEW.

PLEASE DO NOT SUBMIT THIS PAGE WITH YOUR APPLICATION